



**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of

BAN et al.

Application Number: 10/078,475

Filed: February 21, 2002

For: HEALTH MANAGEMENT SUPPORT METHOD,  
SYSTEM AND HEALTHY LIFE EXPECTANCY  
PREDICTION DATA GENERATION METHOD AND  
SYSTEM

Attorney Docket No. HITA.0173

Art Unit 3626

Examiner M. Tomaszewski

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**COVER LETTER**

Sir:

[ x ] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	20	21	1 (Over 20)	x \$50	00
Independent Claims	2	2	(Over 3)	x \$200	00
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
			TOTAL		50.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[ x ] Response to Office Action  
(with Claim Amendments)  
[ ] Substitute Specification  
[ ] Preliminary Amendment  
[ ] Information Disclosure Statement

[ x ] Petition for Extension of Time ( 1 month)  
[ ] Terminal Disclaimer  
[ ] Letter to Draftsperson  
[ ] Assignment  
[ ] Other \_\_\_\_\_



- ☐ Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of **\$120.00** to cover the one-month extension fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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**April 11, 2007**